Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS662HOS	A. BUILDING _____ B. WING _____	C 03/14/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMERLIN HOSPITAL MEDICAL CENTER	657 TOWN CENTER DRIVE LAS VEGAS, NV 89144

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	INITIAL COMMENTS This Statement of Deficiencies was generated as the result of a Complaint survey which was conducted at your facility on 3/14/08. The state licensure survey was conducted in accordance with Chapter 449, Hospitals, last adopted by the Nevada State Board of Health on August 4, 2004. Complaint #17608 was investigated and substantiated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, sate, or local laws.	A 000		
A 804 SS=D	NRS 449.720 SPECIFIC RIGHTS: CARE; REFUSAL OF TREAT NRS 449.720 Specific rights: Care; refusal of treatment and experimentation; price; notice of appointments and need for care. every patient of a medical facility or facility for the dependent has the right to: 1. Receive considerate and respectful care. 2. Refuse treatment to the extent permitted by the law and to be informed of the conscequences of that refusal. 3. Refuse to participate in any medical experiements conducted at the facility. 4. Retain his privacy concerning	A 804		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 804	Continued From page 1 his program of medical care. Discussions of a patient's care, consultation with other persons concerning the the patient, except as otherwise provided in NRS 108.640 and 449.705 and chapter 629 of NRS, are confidential. The patient must consent to the presence of any person who is not directly involved with his care during any examination, consultation or treatment. 5. Have any reasonable request for services reasonably satisfied by the facility considering its ability to do so. 6. Receive continuous care from the facility. The patient must be informed: (a) Of his appointments for treatment and the names of the persons available at the facility for those treatments; and (b) By his physician or an authorized representative of the physician, of his need for continuing care. This Regulation is not met as evidenced by: Based on observations, the facility failed to retain patients privacy concerning their medical care in the emergency department (ED). Findings include: On March 14, 2008, the emergency department had 10 patients on gurneys in the corridors of the ED. One patient on a gurney in the corridor was observed with a physician discussing their medical care. Another patient was observed receiving a shot and receiving treatment by a nurse. During the time that the patients in the	A 804		

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A 804	Continued From page 2 corridor were receiving care and consultation regarding their medical condition(s), was in the presence of other patients and visitors. There was no privacy curtain or private area available for the patients in the corridors to receive medical care and or consultation. Note: Eight patients were observed in the area licensed as the infusion center. The chief nursing officer indicated that the area was being used as the ED holding area until the new ED opens in early April 2008. However, on 12/27/07, the facility was cited for not having the proper requirements to use the area for ED overflow and the plan of correction stated that the facility would not use the infusion area for ED purposes. SEVERITY: 2 SCOPE: 1	A 804		